

**MULTIPLE IDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-475)**

09/787-844

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	6		3			
TOTAL DEP.	9		18			
TOTAL CLAIMS	15		21			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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